

## **SYSTEM OF CARE (SOC) AND COMPREHENSIVE CHILDREN'S MENTAL HEALTH SERVICES SYSTEM**

The system-of-care concept is based upon the core values that the system of care should be child-centered and family-focused and that it should be community-based. Development of sustainable systems of care must be guided by a clear philosophy about the way in which services should be delivered to children, youth, and their families. This philosophy is built on the recognition that children and adolescents and their families have multiple needs that cross traditional agency boundaries and that coordination among child-and family-serving agencies is essential at both the system and client levels. The Children's Division is an active participant in SOC endeavors at the state and local community levels and is represented on the State System of Care (SOC) Team.

In the Spring of 2003, the Department of Mental Health was awarded a \$9 million dollar cooperative agreement through the Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance the infrastructure and service capacity for the system of care in Greene, Taney, Stone, Christian, Barry, and Lawrence counties. A similar cooperative agreement was awarded to DMH in the Fall of 2003 to enhance the system of care in St. Louis City and County. Each site developed a proposal that was based on the area's specific needs. The project in the Southwest is called the *Show-Me Kids Project* and focuses on improving access and service integration for youth with SED, especially those with co-occurring diagnoses; expanding access to, and capacity of, culturally relevant mental health services in rural areas with particular attention to the burgeoning Hispanic/Latino population; earlier identification and intervention with young children with mental health problems who are at-risk for SED both within and across systems; and evaluation the effectiveness of the system of care and its components. The project in the St. Louis area is called *Transitions* and focuses on helping children and youth successfully navigate the most traumatic transitions they experience within the child welfare system including their initial removal from their homes due to abuse/neglect; other times of changes in placement which may include separation from their siblings; and as older adolescents transitioning from state custody into adulthood. Additional active SOC sites are up and running in Adair, Butler, Ripley, and Jackson Counties. Newly sanctioned sites in Jefferson, Lincoln and Pike counties will soon be operational.

All sites direct their effort to achieving and sustaining the following goals:

- 1.) Expand the service capacity in communities that have developed an infrastructure for a community-based, interagency approach to serving children and adolescents in the target population; 2.) Provide a broad array of mental health services that are community-based, family-centered, and tailored to meet the needs of the child or adolescent through an individualized service planning

process; and 3.) Ensure the full involvement of families in the development of local services and in the care of their children and adolescents.

With the passage of Senate Bill 1003, in 2004 (the Children's Mental Health Reform Act) the Department of Mental Health (DMH) was directed to partner with other child serving agencies, both public and private, in developing a plan for a "Comprehensive Children's Mental Health Services System". The following **principles of practice** guide the system and were established by the legislature as part of the reform act. The Comprehensive Children's Mental Health System shall:

- Be child centered, family focused, strength-based, and family driven, with the needs of the child and family dictating the types and mix of services provided, and shall include the families as full participants in all aspects of the planning and delivery of services;
- Provide community-based mental health services to children and their families in the context in which the children live and attend school;
- Respond in a culturally appropriate and competent manner;
- Emphasize prevention, early identification and intervention;
- Include early screening and promote intervention and assure access to a continuum of services;
- Assure a smooth transition from child to adult mental health services;
- Coordinate a service delivery system inclusive of services, providers, and schools;
- Be outcome based; and
- Address unique problems of paying for mental health services for children and assure funding follows children across service delivery systems.

In response to the legislation a plan for the development of the Comprehensive Children's Mental Health Services System, entitled "Reforming Children's Mental Health Services in Missouri", was submitted to the General Assembly and the Governor during December 2004.

Senate Bill 1003 also called for the formation of a "Comprehensive System Management Team" (CSMT) to establish the system detailed by the plan. The existing state System of Care Team was deemed appropriate to fulfill such a function and has thus been so designated and re-named.

Senate Bill 1003 also directed the Children's Division to identify those children who has been placed in CD custody solely for the purpose of accessing needed mental health services and where there has been no parental abuse or neglect. In such instances, the statute allowed the court to restore custody to the parent while the CD continues to fund any treatment the child was in the midst of receiving. From a statewide total of 104 children identified by CD staff as possibly meeting SB 1003 criteria, as of June 1, 2005, custody had been returned in 38 cases with 4 cases, where a return custody was recommended, still pending with the court.